

#### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	rustop	her	$-\mathcal{N}$	Icolop	20100	_
II. Name of lobbyist's partners	hip, firm or co	rporation, if			·	
(Name of partne	rship, firm or cor	poration)	<del></del>		·	_
b Ganzage	F. U.	BY	Conce	HN 4m	03:	30/
Business Address: (Street)		へし (Town/City)		(State)	(Zip Co	de)
( ) <u>224 3165</u> (Telephone)	()	224 - (Fa	3950 ix)	e-mail <u>Chr</u>	@ NHA	A.Cum.
III. This statement covers: (Ch reportable expense transaction					y file a separate	report for
All reportable transactions oc	ecurring in the r	nonths prior to	o the reporting	g date relative to the	e following clien	t:
	ne of Client as it s	appears on the I	Lobbyist Regist	ration Form)	<del></del>	
OR  ☐ All reportable transactions by unrelated to any particular client.		ncluding the lo	obbyist's fami	ly), or the lobbying	; firm listed belov	w which are
IV. Date of Report April 25 Reports cover: activity from dat	, 2018  e of registration	to 3/31/18		y 25, 2018 🔲 om 4/1/18 to 6/30/18		
October activity from	31, 2018 💢 n 7/1/18 to 9/30/	18		nuary 30, 2019 🗌 com 10/1/18 to 12/31/	18	
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.						□ n 204,
VI. Check if additional reports	are attached:	•				
If you have received fees or						
☐ If you have paid an honorarin Expense Reimbursement	um or reimburs	ed expenses, y	you must file .	Addendum B- Rep	oort of Honorariu	ims or
☐ If you, your firm, or your far	nily has made p	oolitical contri	ibutions, you i	must file Addendu	m C– Political C	ontributions
Sworn Statement/Affirmation I I have read RSA 15, RSA 15-B, and complete to the best of my ki	RSA 14-C and nowledge and t	elief.	-	or affirm that the f		ation is true
(Signature of lobbyist)  (Print Name of lobbyist)	apolla	S		(Dat	RE	CEIVED
(Print Name of lobbyist)	<u> </u>				00	T 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name of partner	ership, firm or corporation)		
III. Name of Client NH	Association of	Insurance Date	10/25/18
		Agents	
to lobbying, including fees for	Il fees received from the client ider r services such as public advocacy, g legislation, and related legal wo	, government relations,	or public relations servic
a) Total of all fees received in	this reporting period	a) \$	5,000
	his calendar year, prior to this reportal of all prior monthly reports for th	ting period b) \$ is calendar year)	10,000
e) Total of all fees received to (Add lines a and b)	o date	c) \$	15,000
Indicate the amount of any yet been paid	such fees that are due, but have no	d) \$	0
fees. Separate reports are to the lobbyist(s)/firm that are used Expenses are to be reported in during the reporting period for individual expenses where the lunch where the cost was \$25, being lobbied, purchase of a c (c) an itemized statement of ear any purpose not covered by (corremonial object to be given restaurant expenses for a legit	ships, firms, or corporations are rebe filed for expenditures made relainrelated to any one client a sepan one of three categories of expenditures, benefits, support staff, expenditure was of \$25.00 or less, purchase of a pen with eremonial object given to a person ach individual expenditure made duta) (for example: purchase of a mate to the subject of lobbying with a islative reception). Expenses for on separate addendums and should	artive to each client and arate report may be finses: (a) the aggregat and office expenses; (is (for example: meals a value of less than \$1 being lobbied with a varing this reporting period with value of great value greater than \$2 honorariums, expense	if expenditures are made led for the lobbyist(s)/fine total of all expenses particles by the aggregate total of a purchased during a busine 0 that is given to the personal of greater than \$25.00 of less); and of greater than \$25.00 of ter than \$25, purchase of 5, but not greater than \$5 reimbursement, or politic
support staff, and office expen	or this reporting period for salaries, ses, related directly or indirectly to	lobbying. a) \$	
<ul> <li>b) Total aggregate of expending a), of \$25 or less.</li> </ul>	tures during this reporting period , 1	not reported b) \$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)  Christopher Wicolapoulos (Print Name of lobbyist)	10/24/18 (Date)
Christopher Nicolapoulos (Print Name of lobbyist)	-